

EXHIBIT 132

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Isabel M Jimenez Medina
Participant's Address: P.O. Box 637 Aguada, Puerto Rico 00602
Participant's Email Address: _____
Name of Counsel: View attachment 1
Address of Counsel: View attachment 1
Email Address of Counsel: View attachment 1

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 147081 (Paso)
Nature of Claim: View attachment 1

By: Isabel M Jimenez Medina
Signature
Isabel M Jimenez Medina
Print Name

(to see the progress of claim)
Title (if Participant is not an individual)
August 13, 2021
Date

RECEIVED
AUG 17 2021
PRIME CLERK

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

ATTACHMENT 1

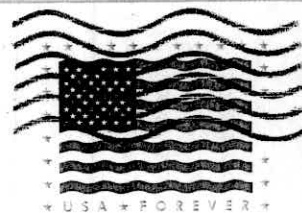
1. Discovery notice to the court's Clerk's office at:

United states District court clerk's office
150 Ave. Carlos Chardon ste. 150
San Juan, Puerto Rico 00918-1767

2 The claim is due to the fact the laws were established that indicate a salary increase and were not awarded. I understand that the law. (147081 "Et paso" an additional \$25.00 per month.

Isabel M Jimenez Medina
P.O. Box 637
Aguadilla, Puerto Rico
00602

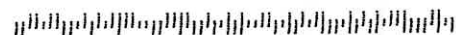
SAN JUAN PR 009
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Prime Clerk LLC
Grand Central Station
P.O. Box 4850
New York, NY 10163-4850

10163-485050



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1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Isabel M Jimenez Medina
Participant's Address: P.O. Box 637 Aguada, Puerto Rico 00602
Participant's Email Address: _____
Name of Counsel: View attachment 1
Address of Counsel: View attachment
Email Address of Counsel: View attachment

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 143349 (Sila M Calderon)

Nature of Claim: View attachment

By: Isabel M Jimenez Medina
Signature

Isabel M Jimenez Medina
Print Name

(to see the progress of claim)
Title (if Participant is not an individual)

August 13- 2021
Date

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ATTACHMENT 1

1. Discovery notice to the court's Clerk's office at:

United States District court clerk's office

150 Ave. Carlos Chardon ste. 150

San Juan, Puerto Rico 00918-1767

2. The Claim is due to the fact the laws were established that indicated a salary increase and were not awarded. I understand that the law 143349- Law 96 of 2002 (Incentive act of Sila M. Calderón) Which grants \$50.00 per month.

Isabel M Jimenez Medina
P.O. Box 637
Aguada, Puerto Rico
00602

SAN JUAN PR 009

14 AUG 2021 PM 1 L



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